


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90029 007 ****61.25

DOCUMENT # N06000007857		
1. Entity Name HOME OF EHIAEL KARDECIAN SPIRITIST CENTER, INC.		

Principal Place of Business 307 NE 99TH STREET MIAMI SHORES, FL 33138 US	Mailing Address 307 NE 99TH STREET MIAMI SHORES, FL 33138 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5713946	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMOES, SUZANA 307 NE 99TH STREET MIAMI SHORES, FL 33138		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

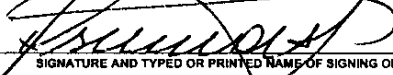
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMOES, SUZANA	NAME	
STREET ADDRESS	307 NE 99TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKEN, ABIGAIL	NAME	
STREET ADDRESS	307 NE 99TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTO, MARCELO	NAME	
STREET ADDRESS	965 SOUTH SHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUVEIA, FREDERICO	NAME	
STREET ADDRESS	3055 NE 190TH STREET APT. 302	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKEN, ABIGAIL	NAME	
STREET ADDRESS	307 NE 99TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONEL, ROSANA	NAME	
STREET ADDRESS	307 NE 99TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: 1-15-2007	Daytime Phone # _____
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